CONTACT INFORMATION FOR YOU OR YOUR ATTORNEY	FOR COURT USE ONLY
Name: Tel Number:	
Address:	
Email:	
Attorney for:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY	
Family Court Sarvices	
Family Court Services 1200 Aguajito Road, Room 303	
Monterey, California 93940	
(831) 647-5891	
www.monterey.courts.ca.gov	
www.montercy.courts.ca.gov	
In Re The Matter of:	
Petitioner/Other Parent:	
Respondent/Defendant:	
Objector/Biological Parent:	
APPLICATION TO REQUEST INSTALLMENT PAYMENTS	Case No.:
I,, declare:	
1. An investigation or fact-based inquiry has been ordered in r	my 🗌 guardianship 🔲 custody
and visitation case.	
o mi	Ф
2. The cost of the investigation or fact-based inquiry ordered is \$	
3. I ask the court to allow me to make installment payments of \$ in order to pay	
5. I ask the court to allow me to make installment payments of ψ in order to pay	
the investigator's fee liaison officer's fee. I do do not have a fee waiver on file.	
4. I have included a Simplified Financial Statement (FL-155) in support of this request.	
-	11
5. I would like the court to consider the following additional information:	
I declare under penalty of perjury under the laws of the State	of California that the foregoing is
true and correct and that this document was executed on / /2	20 , in,
California.	
Sign Name:	
Print Name:	